

MAR 03 2009

PART B - FEE(S) TRANSMITTAL

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Barbara Krebs Yuill	(Depositor's name)
<i>Barbara Krebs Yuill</i>	(Signature)
Via Electronic Transmission: 03/03/09	
(Date)	

03/04/2009 INTEFSW 00002558 10003669

01 FC:2501 755.00 OP
 02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/003,669	11/01/2001	Robert H. Broyles	649.001	5327

TITLE OF INVENTION: Gene Regulation Therapy Involving Ferritin

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	Yes	\$755.00	\$300.00	\$1055.00	03/05/09

EXAMINER	ART. UNIT	CLASS-SUBCLASS
Li, Qian Janice	1633	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> DUNLAP CODDING, P.C. 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
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 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature <i>Barbara Krebs Yuill</i>	Date 03/03/2009
Typed or printed name Barbara Krebs Yuill	Registration No. 54,562

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